

APPLICATION FOR MEMBERSHIP – MICHIGAN VOLUNTEER DEFENSE FORCE
Do Not E-mail

Mail Via US Postal Service To:

**Department of Military and Veteran Affairs
Michigan Volunteer Defense Force
2500 South Washington Ave
Lansing, MI 48916-5101**

Thru: Military Support Office
For: MI VDF G-1

Confidential Page w/Background Check Authorization and Attached Application Forms

Initial G-1 Action: This page is removed upon receipt at G-1 and securely filed.

Applicant Instruction: Please fill out this page and then skip to page four.

Full Name: _____

MI Driver License: _____

Social Security No.: ____/____/____

Date of Birth: _____

Race: _____

Sex: _____

By my signature hereon I freely indicate without coercion my interest in serving in the Michigan Volunteer Defense Force. I understand and hereby agree that initial and biennial (2 year) criminal background checks are to be conducted and my signature hereon does authorize the Michigan National Guard or the Michigan Volunteer Defense Force to initiate such reviews and maintain a record thereof, that you may privately review .

Signature: _____ Date: _____

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Page 2: Internal Routing – For official use only

Name: _____

1. Transmittal of Reviewing Actions by Initiating Unit Command

Unit: _____ Rank _____

T.O. Position _____

Commander: x _____ Date _____

2. Immediate Command Review and Action (as necessary)

Date _____ Action _____ Commander: x

3. Secondary Command Review and Action (as necessary)

Date _____ Action _____ Commander: x

4. Regulatory Review and Recommendation of the Assistant Chief of Staff, G-1:

Date _____ Action _____ ACOS/G-1: x

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Page 3: Certification Information

By voluntarily providing this requested personal information, completing the oath prior to my becoming a commissioned, warrant or noncommissioned officer, or enlisted person, and by my signature hereon should I be so appointed, I certify that the information I have provided herein to be true and factual. I also understand that I retain the right to resign unless ordered on active duty, and the Michigan Volunteer Defense Force retains the right to discontinue my services .

Do Not Sign Below This Line Until Oath of Office is Administered by Commanding Officer

1. OATH FOR COMMISSION AND WARRANT OFFICERS

I, (as signed hereon), do solemnly swear or affirm that I will support and defend the Constitution of the State of Michigan against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will obey orders of the Governor of Michigan and the orders of the officers appointed over me according to law and regulations. So help me God. I hereby volunteer to serve for 3 years as of the date of my appointment.

Signature of Officer Candidate: _____

2. OATH FOR ALL ENLISTED PERSONNEL

I, (as signed hereon), do solemnly swear or affirm that I will support and defend the Constitution of the State of Michigan against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will obey orders of the Governor of Michigan and the orders of the officers and noncommissioned officers appointed over me according to law and regulations. So help me God. I hereby volunteer to serve for 3 years as of the date of my appointment.

Signature of Enlisted Candidate: _____

3. CERTIFICATION OF THE OATH OF OFFICE

The oath of office was administered, subscribed and duly sworn or affirmed by the above commissioned officer, warrant officer, noncommissioned officer or enlisted person candidate before me on the following date.

Signature of Oath Administrator _____ **Rank** _____

Date of Oath: _____

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Page 4: Michigan Volunteer Defense Force Combined Application Form

Notice: Federal and State laws requires that all applications be considered without regard to race, religion, color, sex, and national origin. We believe and fully support the principle of equal opportunity and will fulfill our obligations to the fullest.

County _____ Sex M F

Full Name _____

Address _____

City/State/ZIP _____

Telephone No. _____ Email Address _____

Previous Address _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Weight _____ Height _____ Hair Color _____ Eye Color _____ Marital Status _____

Have you been bonded? _____ Have you been convicted of a Crime? _____ Explain _____

Do you have a physical handicap or an illness that could limit your assigned duties? Explain:

Educational Achievement (include school/college, state, degree, and year graduated)

1. High School: _____

2. College: _____

3. Graduate: _____

4. Additional: _____

5. Additional: _____

Civilian Experience (specialty, title, years served, and number supervised)

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Page 5: **Michigan Volunteer Defense Force Combined Application Form**

PLEASE FILL OUT THIS SHEET AND ATTACH A COPY OF YOUR DD-214

Military Experience Summary: (begin with most recent service, branch, rank, and years)

Military Education Summary (begin with most recent school, place and year)

Volunteer Defense Force or State Guard Experience (state, assignment and rank)
